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FILED  
Apr 30 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000101804 (7)

1. Corporation Name

HEC EXPORT CORP.



Principal Place of Business

6155 N.W. 53RD STREET  
CORAL SPRINGS FL 33067

Mailing Address

6155 N.W. 53RD STREET  
CORAL SPRINGS FL 33067

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/03/1997	
21		26		4. FEI Number 65-0797343	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For Not Applicable	
22		27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23		28		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
24	Zip	29	Zip		
25	Country	30	Country		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~GREENE, MICHAEL E.~~ CLAUDE O. SIMPSON  
~~MICHAEL E. GREENE, P.A.~~ 1948 NW 54 AVE  
~~9900 WEST SAMPLE ROAD #324~~ MARGATE, FL.  
~~CORAL SPRINGS FL 33065~~ 33063

81 Name CLAUDE O. SIMPSON  
82 Street Address (P.O. Box Number is Not Acceptable)  
1948 NW 54 AVE  
83  
84 City MARGATE, FL 85 Zip Code 33063

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent for both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE  CLAUDE O. SIMPSON

(NOTE - Registered Agent signature required when reinstating)

4/8/98

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PRESIDENT	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CLAUDE O. SIMPSON			1.2 NAME			
STREET ADDRESS	1948 NW 54 AVE			1.3 STREET ADDRESS			
CITY-ST-ZIP	MARGATE, FL. 33063			1.4 CITY-ST-ZIP			
TITLE	VICE PRESIDENT	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ELIZABETH H. BATES			2.2 NAME			
STREET ADDRESS	1948 NW 54 AVE			2.3 STREET ADDRESS			
CITY-ST-ZIP	MARGATE, FL. 33063			2.4 CITY-ST-ZIP			
TITLE	TREASURER	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HELEN F. OGLE			3.2 NAME			
STREET ADDRESS	1948 NW 54 AVE			3.3 STREET ADDRESS			
CITY-ST-ZIP	MARGATE, FL. 33063			3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  HELEN F. OGLE 4/8/98 904 910 5735

CP2E034 (10/97)